

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☒ EXISTING POSITION

## Part 1 - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name Dept. for Children and Families		9. Position No. K0063259	10. Budget Program Number 29505		Agency Number	
2. Employee Name (leave blank if position vacant)			11. Present Class Title (if existing position) Human Service Assistant			
3. Division East DCF Region			12. Proposed Class Title			
4. Section PPS Support Service	For  Use  By  Personnel  Office	13. Allocation				Position Number
5. Unit IV-E Eligibility unit		14. Effective Date				
6. Location (address where employee works)  City Pittsburg County Crawford		15. By	Approved			
7. (circle appropriate time) Full time X Perm. Inter.		16. Audit Date: By: Date: By:				
8. Regular hours of work: (circle appropriate time)  FROM: 8:00 AM To: 5:00 PM	17. Audit Date: By: Date: By:					

## PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

This position is part of a service delivery team that provides financial eligibility services to the Social Service unit in the East Region. This employee provides administrative support to the Eligibility and Payment supervisor. This position works with a variety of employees including but not limited to, IV-E Eligibility supervisor, social service workers, eligibility specialist, adoption specialist and independent living specialist.

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

<b>Name</b>	<b>Title</b>	<b>Position Number</b>
Patrick J. Pence	IV-E supervisor, PSA II	K0059343

Who evaluates the work of an incumbent in this position?

<b>Name</b>	<b>Title</b>	<b>Position Number</b>
Same as above		

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

The work requires independent judgment in determining the different policies and procedures in accomplishing assigned task. General instructions are given and guidelines are often complicated or technical in nature, requiring careful interpretation

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

**Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task.** Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	
1. 40%	E	<p><b><u>Adoption Subsidy</u></b></p> <p>This person will access KAECSSES, MMIS, EATS, KEES and the adoption database.</p> <p>This person will open new adoption subsidy cases in KAECSSES &amp; KEES for medical and issue adoption subsidy payments. This position will open new ICAMA cases for children moving to Kansas who are receiving adoption subsidy from another State. It will involve monitoring and maintaining approximately 850 adoption subsidy cases, which includes sending out yearly adoption subsidy, AS, reviews and processing reviews upon receipt for all cases. The reviews will be forwarded to the Adoption Specialist if parent request to discuss their child's need with a social worker. At which point, changes are made after re-negotiation and KAECSSES is updated.</p> <p>This person will monitor the cases of children 18-21 years of age requiring additional documentation of a qualifying disability and/or high school IEP documentation in order to continue to receive subsidy. If documentation is not provided after second request a closure notice is sent to parent and case is set to close 30 days after notice is sent. If child is 18 and still in high school the next review date may be set for less than a year if child is scheduled to graduate from high school and does not have documented disability.</p> <p>This person will send closure notices or notices of change, key new vendor information from W-9's into SMART for new adoptive parents, submit DA-130 forms to <a href="mailto:DCFVendor@dcf.ks.gov">DCFVendor@dcf.ks.gov</a> for vendor direct deposit info to be entered in SMART, enter effective date and payment info on LOTC screen in KAECSSES for any child on a waiver or who enters a PRTF facility and enters dismissal date on the LOTC when child is discharged, maintain Access database for adoption subsidy cases, enter name changes in KAECSSES/KEES once the adoption is finalized, maintain files according to the manual, resolve any medical issues by looking at MMIS for coverage information, re-authorize ASPD screen. Will track all children on a waiver or in PRTF facility for social security and amount of adoption subsidy to enter and maintain protected income on the LOTC.</p>
2. 20%	E	<p><b><u>Family Services</u></b></p> <p>Opens, maintains and close a financial case for each family service, if required. Prepares payment paperwork for family service cases. These payments include therapy, emergency shelter, ICPC, drug and alcohol screening. Ensure the proper client ID, case number and payment coding is on the paper work. This work is reviewed by the supervisor</p>
3. 25%	E	<p><b><u>Independent Living</u></b></p> <p>Open KAECSSES/KEES and process monthly subsidy payments for independent living youth through the Chafee Independent Living program, payment processing requires monthly action.</p>

4. 15%

E

**Administrative Support**

Provides administrative and clerical support to the PPS Support Services unit in order to relieve supervisor and professional staff of administrative details

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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:

- ☐ ( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.
- ☐ ( ) Plans, staffs, evaluates, and directs work of employees of a work unit.
- ☐ ( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

**Name**

**Title**

**Position Number**

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23. Which statement best describes the results of error in action or decision of this employee?

- ☐ ( ) Minimal property damage, minor injury, minor disruption of the flow of work.
- ☒ (X) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- ☐ ( ) Major program failure, major property loss, or serious injury or incapacitation.
- ☐ ( ) Loss of life, disruption of operations of a major agency.

Please give examples.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

The position requires daily contact by telephone, email and in-person with consumers, agency employees including field staff, supervisors, regional administrative staff and providers to obtain and provide information to solve issues.

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25. What hazards, risks or discomforts exist on the job or in the work environment?

The work environment involves normal every day hazards or discomforts typical of other offices. Comfortable levels of temperature, ventilation, lighting and sound inherent in the work environment. Employee is exposed to hostile customers and indirectly to clients with health problems and diseases.

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26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Personal computer, telephone, 10-key calculator, copier, fax machine and printer daily. State Vehicle for business travel occasionally.

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**PART III - To be completed by the department head or personnel office**

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27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education – General

One year of experience in general office, clerical and administrative support work.

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Education or Training - special or professional

Education may be substituted for experience as determined relevant by the agency.

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Licenses, certificates and registrations

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Special knowledge, skills and abilities

Ability to contribute to a positive work environment through, helpful and courteous toward staff, customers and general public.

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Experience - length in years and kind

One year of experience in general office, clerical and administrative support work

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**28. SPECIAL QUALIFICATIONS**

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Must gain and maintain security clearance throughout employment

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Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

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Signature of Personnel Official \_\_\_\_\_

Date \_\_\_\_\_

**Approved:**

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Signature of Supervisor \_\_\_\_\_

Date \_\_\_\_\_

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Signature of Agency Head or  
Appointing Authority \_\_\_\_\_

Date \_\_\_\_\_